## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/08/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED		
		155608	B. WING	B. WING		R 06/04/2015	
NAME OF PROVIDER OR SUPPLIER  WITTENBERG LUTHERAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE  1200 E LUTHER DR  CROWN POINT, IN 46307		1 00/	04/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE
{K 000}			{K 0	)00	)}		
	Code Recertification a						
	Survey Date: 06/04/1	5					
	Facility Number: 0005 Provider Number: 155 AIM Number: 100290	5608					
	was found in complian Participation in Medic Subpart 483.70(a), Lit 2000 edition of the Na Association (NFPA) 1	Vittenberg Lutheran Village noce with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies					
	basement identified a determined to be to be construction and was Chapel/Fellowship Hawas determined to be and occupies a 1990	e of Type II (000) fully sprinklered. The full identified as building 02 Type V (000) construction wing addition to the facility. d as two buildings due to					
	wired smoke detection spaces open to the co- are equipped with bat detectors. The facility	orridors. Resident rooms					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/08/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155608	B. WING _			R 06/04/2015
NAME OF PROVIDER OR SUPPLIER  WITTENBERG LUTHERAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE  1200 E LUTHER DR  CROWN POINT, IN 46307		7070-472010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{K 000}	Continued From page 1		{K 00	00}		
	All areas of resident access are sprinklered. A detached grounds maintenance shed was unsprinklered.  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 4/22/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 06/04/15  Facility Number: 000515  Provider Number: 155608  AIM Number: 100290820  At this Life Safety Code survey, Wittenberg Lutheran Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  The 1990 addition of the Chapel/Fellowship Hall identified as building 02 was determined to be Type V (000) construction and fully sprinklered.  The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 155 and had a census of 113 at the time of this survey.  All areas of resident access are sprinklered. A detached grounds maintenance shed was					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/08/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED		
<b>155608</b> B. WING				R	0015		
NAME OF PROVIDER OR SUPPLIER  WITTENBERG LUTHERAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE  1200 E LUTHER DR  CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	O BE CO	(X5) DMPLETION DATE	
{K 000}	Continued From page unsprinklered.	2	{K 00	0}			